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44,702
Registration Number, if applicable

210-865-7641
Telephone Number

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Application No: 10/010,741

*Attached are: Transmittal form; Request for withdrawal as attorney;
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PAGE 2/5 * RCVD AT 12/9/2004 1:25:08 PM [Eastern Standard Time] * SVR:USPTO-EFAXRF-1/5 * DNS:8729306 * CSID:210 735 6464 * DURATION (mm:ss):02-06

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/010,741	
	Filing Date	11/13/2001	
	First Named Inventor	Amos Neor	
	Art Unit	2061/0101/01	
	Examiner Name	hmk/10/01/01	
Total Number of Pages in This Submission	4	Attorney Docket Number	10547.002

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as attorney copy of client letter copy of mail receipt
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Office of Janice Leverett		
Signature	<i>J. Leverett</i>		
Printed name	Janice Leverett		
Date	12/17/04	Reg. No.	44,209

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Signature	<i>J. Leverett</i>		
Typed or printed name	Janice Leverett	Date	12/19/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/83 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/010,741
	Filing Date	11/13/2001
	First Named Inventor	Amos Naor
	Art Unit	unpublished
	Examiner Name	unpublished
	Attorney Docket Number	10547.002

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

I am closing my law practice

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Amos Naor		
Address	2639 Inwood Brier		
City	San Antonio	State	TX
Country	USA		
Telephone		Fax	
Signature	<i>Janice Leverett</i>		
Name	Janice Leverett	Registration No.	44,209
Date	12/10/04	Telephone No.	210 865-5764

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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December 6, 2004

Janice Leverett
412 East Huisache, Apt. 2
San Antonio, Texas 78212

Mr. Amos Naor
2639 Inwood Briar
San Antonio, Texas 78248

Dear Amos:

COPY

I am sending this letter to serve as notice that I will be closing down my law office by the end of December 2004. I would also like to take this opportunity to inform you that I have not received any communications regarding your file. In the event I receive correspondence from the United States Patent and Trademark Office, I will forward the documentation to you.

Amos, I have sincerely enjoyed working with you and may God bless all of your future endeavors. If you have any questions, please feel free to contact me.

Best regards,
Janice Leverett

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